

2001 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Jun 05, 2001 8:00 am
Secretary of State

03-14-2001 90479 003 ***150.00

DOCUMENT # P00000002013

1. Entity Name

KENDALL DRIVE NEWSPAPER GROUP, CORP

Principal Place of Business

Mailing Address

4548 SW 143RD PL EAST
 MIAMI FL 33175

4548 SW 143RD PL EAST
 MIAMI FL 33175

2. Principal Place of Business

13550 SW 88 St

3. Mailing Address

13550 SW 88 St

Suite, Apt. #, etc.

Ste 270 D

Suite, Apt. #, etc.

Ste 270 D

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

USA

Zip

33186

Country

USA

FEI Number

65-0971637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BARROS, CANDIDA R
 10515 SW 154TH CT #8
 MIAMI FL 33196

7. Name and Address of New Registered Agent

Name **OSCAR IVAN BARROS**
 Street Address (P.O. Box Number is Not Acceptable)
 13550 SW 88 St
 Ste 270 D
 City **Miami, FL** Zip Code **33186**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Candida R. Barros

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARROS, CANDIDA R	
STREET ADDRESS	10515 SW 154TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, MIGUEL B	
STREET ADDRESS	10515 SW 154TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BARROS, OSCAR	
STREET ADDRESS	10515 SW 154TH CT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARROS, OSCAR IVAN	
STREET ADDRESS	13550 S.W. 88 ST Ste 270 D	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barros, Candida R	
STREET ADDRESS	13550 S.W. 88 ST Ste. 270 D	
CITY-ST-ZIP	Miami, FL 33186	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIGUEL B	
STREET ADDRESS	13550 S.W. 88 ST Ste. 270 D	
CITY-ST-ZIP	Miami, FL 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAJ 20 07/2001

Date

Daytime Phone #

CR2E034 (10/00)